

projectile must be sought for and removed.—*Gaz. Hebdom. de Med. et de Chir.*, No. 3, 1890.

F. C. HUSSON (New York).

II. Injury to the Penis During Coition. By DR. ALEXANDR A. NEVSKY (Gorokhovetz, Russia). A healthy and strong gentleman, æt. 25 years, while performing coitus with his wife, suddenly felt an intense acute ("as if cutting") pain about the penis. On immediately withdrawing the organ, he discovered a profusely bleeding laceration. On examining the highly excited patient about half an hour later (during which time the gentleman had lost about half-a-cupful of blood in spite of a continuous application of cold, pressure, etc.) the author found a widely gaping, irregular, deep, lacerated wound with everted and tumefied edges, measuring in length more than an inch, and running transversely along the posterior or lower aspect of the member—about 1 inch from the edge of the foreskin. The latter proved to be unusually elongated and tight, its orifice very narrow, so that the glands could be exposed only to a very slight extent. The wound was at once washed out with a 2% boracic acid lotion and closed with silk sutures, after which the hæmorrhage ceased. In 5 or 6 days, the lesion healed *per primam*. As to the mechanism of the injury, Dr. Nevsky suggests that during the sexual act the patient's long and phymotic prepuce formed a terminal fold looking upward; which led to an extreme stretching of the skin on the lower surface of the organ, the tissues giving way at the point of a maximal distension under some violent pressure of the glans. Pointing out that traumatic injuries to the penis during coitus represent a very rare occurrence, the author says that he has been able to find only two instances of the kind in recent international literature, both being communicated by American practitioners. They are Dr. Veazie's case of a complete fracture of the penis (*New Orleans Medical Journal*, 1884) and Dr. Egerton Davis' (Philadelphia) of strangulation of the member in the vagina (*Deutsche Medicinische Zeitung*, 1885, August 6.) [In the *Lancet*, February 18, 1888, p. 321, Dr. Hulke, of London, relates a very interesting case of sprained penis with a consecutive, long-continued priapism

caused by inflammation of the lacerated left crus. The patient, an artisan, æt. 34 years, was heavily intoxicated during the intercourse with his wife.—*Reporter*—*Vratch*, No. 48, 1889, p. 1058.

III. Rupture of the Perineum and Recto-Vaginal Septum During First Coition. By DR. ROMAN L. SINAIKY (Slutzk, Russia). A previously quite healthy, newly married, young Hebrew woman, æt. 23 years, of middling size and make, applied to the author on account of pain on walking and defecation, which symptom had appeared after her first marital intercourse two days previously. She added that the coition had given rise to an excruciating local pain and profuse bleeding, causing her to faint. The examination showed that the woman's external genitals were developed quite normally, and that the hymen (of a semi-lunar variety and a moderate thickness) was intact. On separation of the major labia, the posterior commissure proved to be lacerated, the wound forming a funnel-shaped cavity admitting freely 2 or 3 fingers and communicating with the rectum just above the anal sphincter; the vagina contained fecal gases and matter. There was also present a total rupture of the perineum running along the raphe, but involving only the skin and subcutaneous cellular tissues. An operative treatment was proposed but declined by the patient. Dr. Sinaisky discusses at length the question concerning the etiology of the severe lesions found in his patient. He does not entertain any doubt whatever that they were actually contracted during the coition. The patient's husband proved to be a robust young man, æt. 23 years, possessing a large-sized member, but no knowledge concerning marital business (at least he stated that he had never yet had intercourse with women before the present occasion). Since the couple most emphatically declared that neither of them had introduced finger or any foreign body into the woman's genital tract, and since all their statements generally seemed to be altogether trustworthy, the author arrives at the conclusion that the lesions were inflicted solely by some violent and wrongly directed pressure of the inexperienced young man's powerful and stiffly erect penis against the base of the hymen, the woman, possibly, lying in some inappropriate posture. The vio-